

American Go Team Services LLC  
DBA The Go Bus  
420 Maplewood Circle  
Conway, SC 29526

225869  
2010-310.T

The Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201

RECEIVED

SEP -3 2010

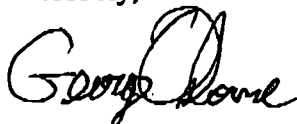
ORS  
T,T,W,W/W

Dear Sir or Madam:

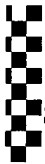
**REQUEST FOR EXPEDITED REVIEW AND WAVIER OF SC PSC REGULATION 103-132**

American Go Team Services LLC, DBA The Go Bus, is a new venture whose business model is based on providing transportation in the interest of public service. A market that is to be focused on in which we have determined the public convenience and necessity is not met is in the Conway and Myrtle Beach Area. Proposed service would include providing scheduled service linking entertainment, residential, and educational venues serving collegiate events. To that end, based on SC PSC scheduling and requirements as well as the seasonal nature of part of this public need, American Go Team Services, LLC DBA The Go Bus is requesting the SC PSC publication of notice requirement regulation 103-132 be waived. Adherence to this regulation will result in missed opportunity and prohibit the advancement of the public service. Thank you for your consideration of this request as part of this application.

Sincerely,



George Osborne  
Safety Director

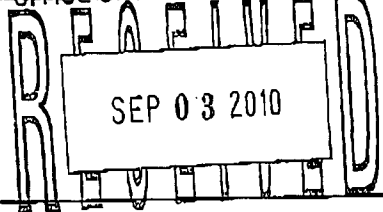


STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class A and Class C Charter Bus  
Certificates from American GO Ride Bus Service LLC  
DBA The Go Bus



BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: George Osborne

Telephone: 843-992-4090

Address: 420 Maplewood Circle

Fax: \_\_\_\_\_

Conway SC 29526

Other: \_\_\_\_\_

Email: ridethegobus@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☒ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☒ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☒ Request 

Expedited review and waiver of  
SC PSC Regulation 103-132  
due to seasonal business nature

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED

SEP - 3 2010

Date: September 01, 2010

Select Class: (Check one)

☒ A

☐ A - RESTRICTED

ORS  
T, T, W, W, W

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

American Go Team Services LLC / DBA The Go Bus

2257 Highway 378 Conway, SC 29526

Street Address of Applicant

420 Maplewood Circle Conway, SC 29526

Mailing Address of Applicant if different from street address

843-992-4090

Phone

Fax

ridethegobus@gmail.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

George Osborne 420 Maplewood Circle Conway, SC 20526

Wendy Osborne 420 Maplewood Circle Conway, SC 20526

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month September Year 2010

### Assets:

Cash	\$3280.00
Receivables	none
Real Estate	none
Buildings and Equipment (Net)	none
Motor Vehicles (Net)	\$37,650.00
Garage Equipment (Net)	none
Machinery and Tools (Net)	\$950.00
Supplies on Hand	\$200.00
Prepays and Other Assets	none
<b>Total Assets</b>	<b>\$42,080.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$50.00
Notes Payable	none
Mortgages Payable	none
Equipment Obligations	none
Accrued Salaries and Wages	none
Other Accrued Obligations	none
Other Liabilities	none
<b>Total Liabilities</b>	<b>\$50.00</b>
Capital Stock	\$0.00
Retained Earnings	\$0.00
<b>Total Equity</b>	<b>\$0.00</b>
<b>Total Liabilities and Equity</b>	<b>\$50.00</b>

## PROPOSED ROUTE AND MILEAGE

Operating between Conway, SC and Myrtle Beach, SC

From	To	State or US Highway #	State Hwys.*	County Hwys.*	Streets of Cities or Towns *
Jackson Bluff Road	SC 544				0.1miles
Jackson Bluff Road	S-26-1121	SC 544	0.5miles		
SC 544	US 501	S-26-1121	1.6miles		0.1miles
S-26-1121	US 17	US 501	7.0miles		0.3miles
US 501	Celebrity Circle	US 17		0.2miles	1.8miles
US 17	Greens Blvd				0.2miles
Celebrity Circle	21st Ave N				0.1miles
21st Ave N	reverse to start		9.1miles	0.2miles	2.6miles

\* Exact distance in miles traveled over.

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

*MS*

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Number of seats if passenger carrier or tonnage if freight carrier.

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

American Go Team Services LLC / DBA The Go Bus

Name of Motor Carrier

2257 Highway 378 Conway, SC 29526 / mail: 420 Maplewood Circle Conway, SC 29526

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 7,634

\$5,000,000 CSL

Cargo Insurance \$ \_\_\_\_\_

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

16 or More Passengers \$ 25,000/300,000/25,000

Lancar Insurance Company

Name of Insurance Company

370 West Park Ave. Long Beach, NY 11561

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/31/10  
Date

[Signature]

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

## Exhibit FWA

Amerocan Go Team Services LLC / DBA The Go Bus

Name

N/A

U.S.D.O.T No.

N/A

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF Horry )

American Go Team Services LLC

Applicant's Signature member

I, George Osborne, Safety Director  
Name of Applicant's Representative Title

of American Go Team Services LLC / DBA The Go Bus,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

George Osborne

Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 1 day of September, 2010

Blair H. Smith  
Notary Public

Commission Expires 8/11/2020